

FOIA # EPA-R2-2015-011278

We did not find any (RCRA) information for the addresses at 335; 337; 339, and 341 Canal Street, New York, New York and 1; 3; 5; 7, and 9 Greene Street, New York, New York.

We also did not find any air information for the addresses listed in the request.



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

06/09/2015

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000219485

INSTALLATION NAME: 341 CANAL STREET/11 GREENE STREET LLC

**INSTALLATION ADDRESS : 11 GREENE ST
NEW YORK, NY 10013**

**MAILING ADDRESS : 174 HUDSON ST 6TH FL
NEW YORK, NY 10013**

EPA Form 8700-12AB (4-80)


**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: 341 CANAL STREET/11 GREENE STREET LLC
or Current Occupant**

**ATTN: JOSEPH SITT
25 W 39TH ST 16TH FL
NEW YORK, NY 10018**

new

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	<div style="text-align: right;">  </div> <div style="text-align: center;"> United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM </div> <div style="text-align: right;"> ENVIRONMENTAL PROTECTION AGENCY, REGION II MAY 26 A 11:22 RCRA PROGRAMS BRANCH </div>		
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number <u>NYR1000219485</u>		
3. Site Name	Name: <u>341 CANAL STREET/11 GREENE STREET</u>		
4. Site Location Information	Street Address: <u>11 GREENE STREET</u>		
	City, Town, or Village: <u>NEW YORK</u>	County: <u>NEW YORK</u>	
	State: <u>NEW YORK</u>	Country: <u>USA</u>	Zip Code: <u>10013</u>
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. <u>8</u> <u>1</u> <u>2</u> <u>9</u> <u>3</u> <u>0</u>	C. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	
	B. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	D. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	
7. Site Mailing Address	Street or P.O. Box: <u>174 HUDSON STREET, 6th FLOOR</u>		
	City, Town, or Village: <u>NEW YORK</u>		
	State: <u>NEW YORK</u>	Country: <u>USA</u>	Zip Code: <u>10013</u>
8. Site Contact Person	First Name: <u>JOSEPH</u>	MI: <u> </u>	Last: <u>SITT</u>
	Title: <u>MEMBER, 11 GREENE STREET LLC</u>		
	Street or P.O. Box: <u>25 WEST 39TH STREET, 16TH FLOOR</u>		
	City, Town or Village: <u>NEW YORK</u>		
	State: <u>NEW YORK</u>	Country: <u>USA</u>	Zip Code: <u>10018</u>
	Email: <u>jsitt@thorequities.com</u>		
	Phone: <u>212-529-5055</u>	Ext.: <u> </u>	Fax: <u> </u>
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: <u>11 GREENE STREET LLC</u>		Date Became Owner: <u>04/30/2014</u>
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: <u>174 HUDSON STREET, 6th FLOOR</u>		
	City, Town, or Village: <u>NEW YORK</u>		Phone: <u>212-222-3792</u>
	State: <u>NEW YORK</u>	Country: <u>USA</u>	Zip Code: <u>10013</u>
	B. Name of Site's Operator: <u>11 GREENE STREET LLC</u>		Date Became Operator: <u>05/09/2014</u>
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

5/26/15 OK to process. One vacant lot around the corner from the other owned by the same developer. (B)

Walk In

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes," mark only one of the following – a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-10.

Y ☒ N ☐

- 2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.

Y ☐ N ☒

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☒

- 4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☒**5. Transporter of Hazardous Waste**

If "Yes," mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**6. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒**7. Recycler of Hazardous Waste**Y ☐ N ☒**8. Exempt Boiler and/or Industrial Furnace**

If "Yes," mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**9. Underground Injection Control**Y ☐ N ☒**10. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.

- a. Batteries ☐
b. Pesticides ☐
c. Mercury containing equipment ☐
d. Lamps ☐
e. Other (specify) _____ ☐
f. Other (specify) _____ ☐
g. Other (specify) _____ ☐

Y ☐ N ☒

- 2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.Y ☐ N ☒**1. Used Oil Transporter**

If "Yes," mark all that apply.

- ☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**

If "Yes," mark all that apply.

- ☐ a. Processor
☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**

If "Yes," mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

❖ You can ONLY Opt into Subpart K if:

- Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

[illegible][illegible]

12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

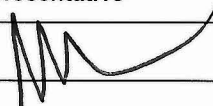
PROJECTED DISPOSAL OF EXCAVATED SOIL CHARACTERIZED WITH HAZARDOUS CONCENTRATIONS OF LEAD.

EXCAVATION TO BE CONDUCTED AS PART OF SITE DEVELOPMENT AND SITE REMEDIATION UNDER NYCOER

VOLUNTARY CLEANUP PROGRAM (VCP ID# 15CVCP059M) AND NYCOER PROJECT NUMBER 15RHAZ158M.

CLEANUP WILL BE DONE WITHIN 6 MONTHS.

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	JOSEPH SITT, AUTHORIZED SIGNATORY	05/21/2015